

## **Palliative Care Futurist: Matching Care to Our Patient's Needs**

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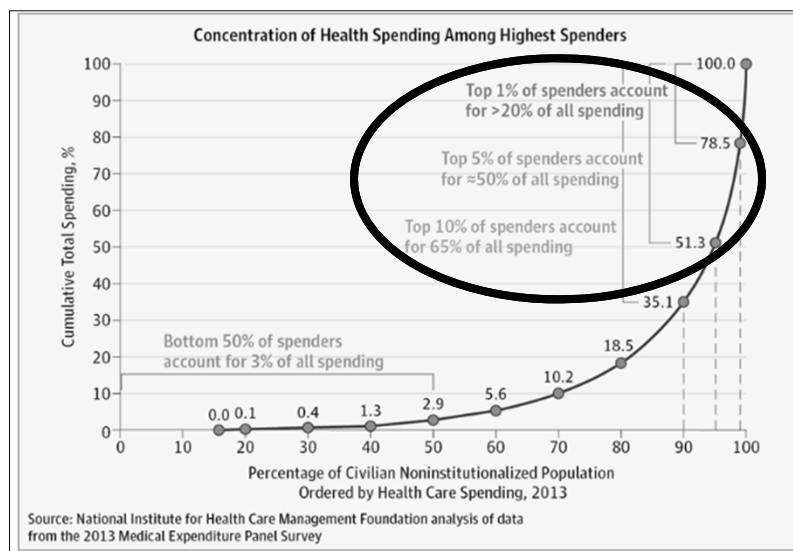
## **No Disclosures**



## Objectives

- The case for integrating palliative care into treatment of serious illness
- What works to improve quality and subsequently reduce costs for vulnerable people?

## Concentration of Risk/\$



## Value = Quality/Cost

Because of the Concentration of Risk  
and Spending, and the Impact of  
Palliative Care on Quality *and* Cost,  
its Principles and Practices are  
Central to Improving Value

### Mr. B

- An 88 year old man with dementia admitted via the ED for management of back pain due to prostate cancer, spinal stenosis and arthritis.
- Pain is 8/10 on admission, for which he is taking 5 gm of acetaminophen/day.
- **Admitted 3 times in 2 months for pain (2x), falls, and altered mental status due to constipation.**
- His family (83 year old wife) is overwhelmed.



## **Mr. B:**

- Mr. B: *"Don't take me to the hospital! Please!"*
- Mrs. B: *"He hates being in the hospital, but what could I do? The pain was terrible and I couldn't reach the doctor. I couldn't even move him myself, so I called the ambulance. **It was the only thing I could do.**"*



Modified from and with thanks to Dave Casarett

## **Before and After**

### **Usual Care**

- 4 calls to 911 in a 3 month period, leading to
- 4 ED visits and
- 3 hospitalizations, leading to
- Hospital acquired infection
- Functional decline
- Family distress

### **Palliative Care**

- Housecalls referral
- Pain management
- 24/7 phone coverage
- Support for caregiver
- Meals on Wheels
- Friendly visitor program
- **No 911 calls, ED visits, or hospitalizations in last 18 months**

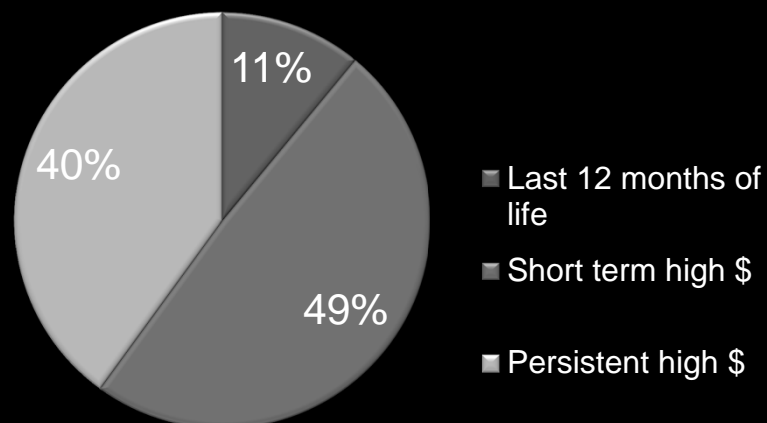
## **The Modern Death Ritual: The Emergency Department**

**Half of older Americans  
visited the ED in the last  
month of their life and 75%  
did so in their last 6 months  
of life.**

Smith AK et al. Health Affairs 2012;31:1277-85.

### **Costliest 5% of Patients**

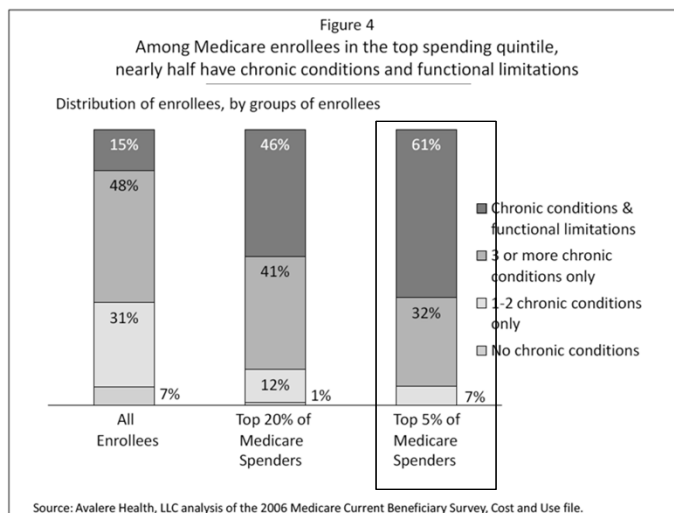
IOM Dying in America Appendix E <http://www.iom.edu/Reports/2014/Dying-In-America-Improving-Quality-and-Honoring-Individual-Preferences-Near-the-End-of-Life.aspx>



## Who are the costliest 2.5%?

- Functional Limitation
- Frailty
- Dementia
- Exhausted overwhelmed family caregivers
- Social + behavioral health challenges
- +/- Serious illness(es)

## Functional Limitations as a Predictor of Risk



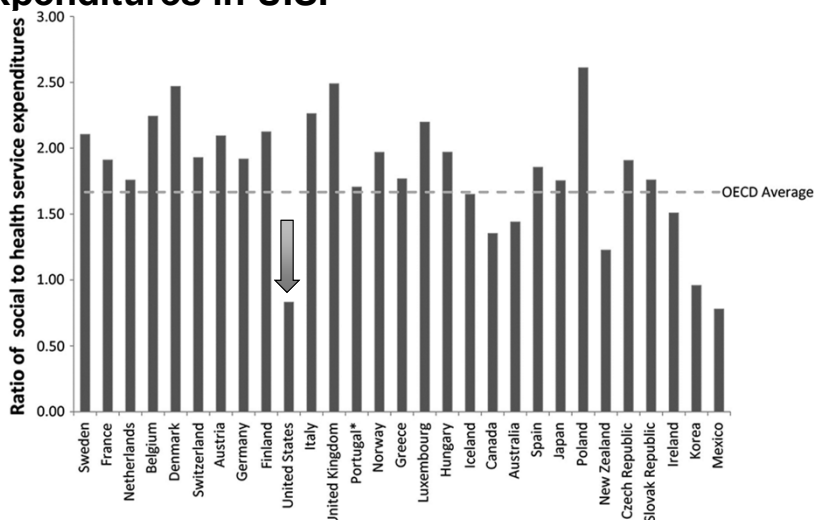
## Dementia As a Predictor of Risk

Prospective  
Cohort of  
community  
dwelling  
older  
adults

	Dementia	No Dementia
Medicare SNF use	44.7%	11.4%
Medicaid NH use	21%	1.4%
Hospital use	76.2%	51.2%
Home health use	55.7%	27.3%
Transitions	11.2	3.8

Callahan et al. JAGS  
2012;60:813-20.

## Why? Low Ratio of Social to Health Service Expenditures in U.S.



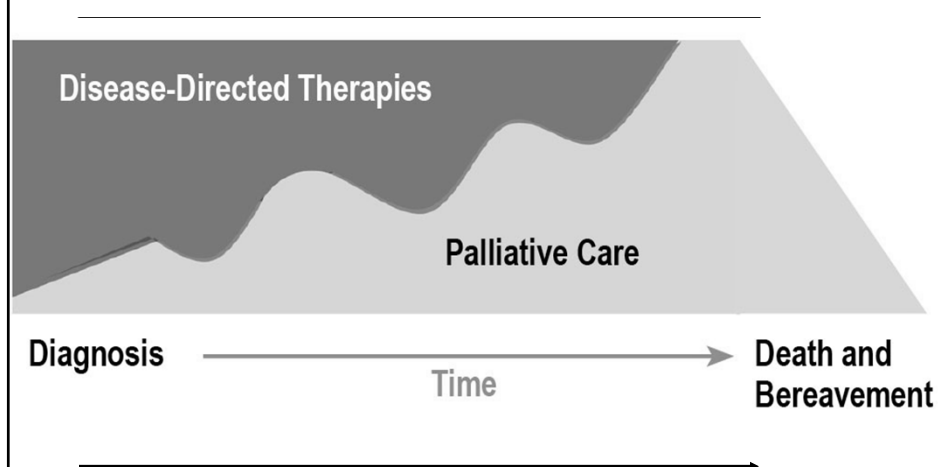
Bradley E H et al. BMJ Qual Saf 2011;20:826-831

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## What is Palliative Care?

- Specialized medical care for people with **serious illness** and their families
- Focused on **improving quality of life**.  
Addresses pain, symptoms, stress of serious illness.
- Provided by an interdisciplinary **team** that works with patients, families, and other health care professionals to provide **an added layer of support**.
- Appropriate at **any age, for any diagnosis, at any stage** in a serious illness, and provided **together with disease treatments**.

## Conceptual Shift for Palliative Care





## Palliative Care Improves Value

### Quality improves

- Symptoms
- Quality of life
- Length of life
- Family satisfaction
- Family bereavement outcomes
- MD satisfaction

### Costs reduced

- Hospital cost/day
- Use of hospital, ICU, ED
- 30 day readmissions
- Hospital mortality
- Labs, imaging, pharmaceuticals



## Palliative Care Improves Quality in Office Setting

Randomized trial simultaneous standard cancer care with palliative care co-management from diagnosis versus control group receiving standard cancer care only:

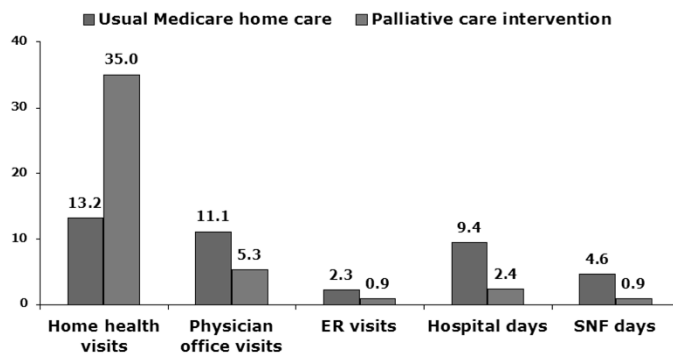
- **Improved quality of life**
- **Reduced major depression**
- **Reduced 'aggressiveness'** (less chemo < 14d before death, more likely to get hospice, less likely to be hospitalized in last month)
- **Improved survival** (11.6 mos. vs 8.9 mos.,  $p < 0.02$ )

Temel et al. Early palliative care for patients with non-small-cell lung cancer NEJM2010;363:733-42.

## **Palliative Care at Home for the Chronically Ill**

**Improves Quality, Markedly Reduces Cost**

RCT of Service Use Among Heart Failure, Chronic Obstructive Pulmonary Disease, or Cancer Patients While Enrolled in a Home Palliative Care Intervention or Receiving Usual Home Care, 1999–2000



KP Study Brumley, R.D. et al. JAGS 2007

## **46 High Quality Studies 2002-11**

**Palliat Med 2014;28:130-50.**

**PALLIATIVE MEDICINE** EA

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Impact Factor: 2.845 | Ranking: Health Care Sciences & Services 19 out of 86 | Medical & Environmental & Occupational Health (SCI) 31 out of 162

**Evidence on the cost and cost-effectiveness of palliative care: A literature review**

Samantha Smith<sup>1</sup>  
Aoife Brick<sup>1</sup>  
Sinéad O'Hara<sup>1</sup>  
Charles Normand<sup>2</sup>

## **The 5 Key Characteristics of *Effective* Palliative Care**

- Target the highest risk people
- Ask people what matters most to them
- Support family and other caregivers
- Expert pain/symptom management
- 24/7 access

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## **Goal Setting**

- Ask the person and family, “What is most important to you?”

## What is most important?

Survey of Senior Center and Assisted Living subjects,  
n=357, dementia excluded, no data on function.

Asked to rank order *what's most important*:

**1<sup>st</sup> Independence** (76% rank it most  
important)

**2<sup>nd</sup> Pain and symptom relief**

**3<sup>rd</sup> Staying alive**

Fried et al. Arch Int Med 2011;171:1854

## Families are Home Alone



→ 40 billion hours unpaid  
care/yr by 42 million  
caregivers worth \$450  
billion/yr

→ Providing “skilled” care

→ Increased risk disease,  
death, bankruptcy

[aarp.org/ppi](http://aarp.org/ppi)

<http://www.nextstepincare.org/>

## Families Need Help

- Mobilizing long term services and supports in the community is key to helping people stay home and out of hospitals.
- Predictors of success: *24/7 meaningful* phone access; high-touch consistent personalized care relationships; focus on social & behavioral health; integrate social supports with medical services.

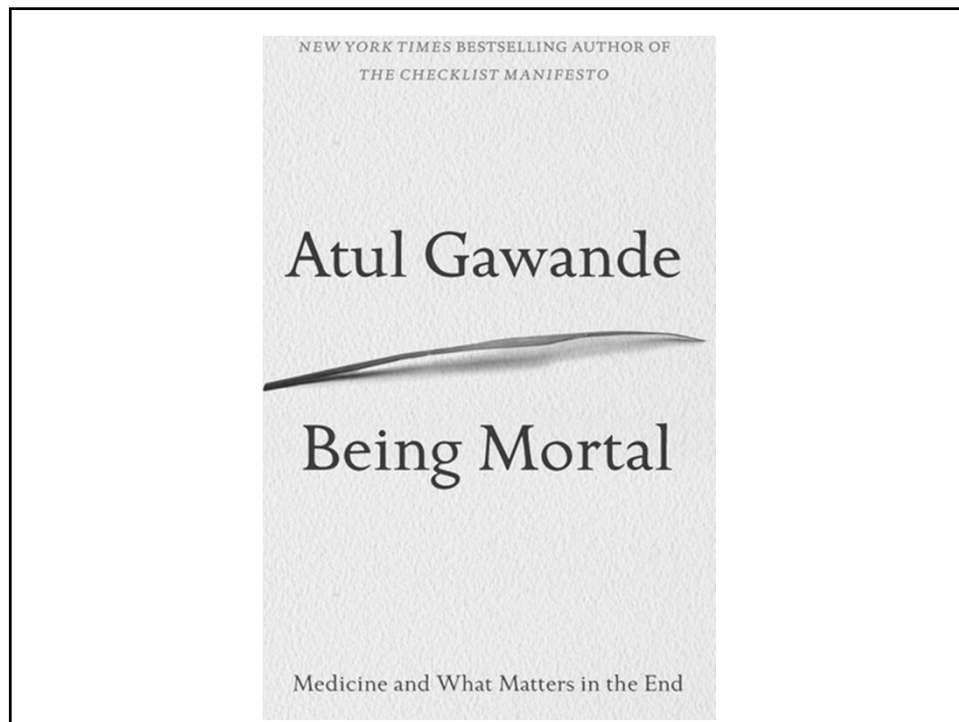
## Pain and Symptoms

Disabling pain and other symptoms reduce independence and quality of life.

HRS- representative sample of 4703 community dwelling older adults  
1994-2006

Pain of moderate or greater severity that is “often troubling” is reported by **46%** of older adults in their **last 4 months of life** and is worst among those with ***arthritis***.

Smith AK et al. Ann Intern Med 2010;153:563-569

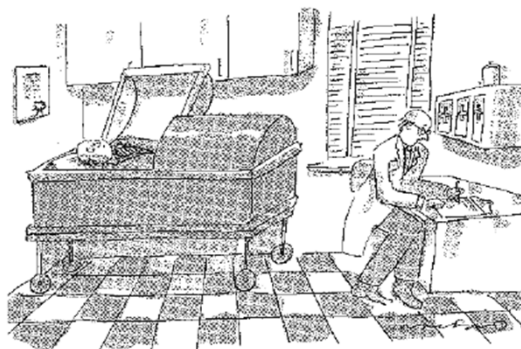


**Atul Gawande's Being Mortal:  
Medicine and What Matters in the  
End**

“I learned about a lot of things in medical school, but mortality wasn’t one of them.”

Page 1 Metropolitan Books, New York, 2014

**Community-based Palliative Care; Meeting  
the Needs of the Seriously Ill**



THE FINALISTS

*"Any stiffness?"*

Ryan Scott Misener, Tampa, Fla.

*"Sorry about the wait."*

Bob Howard, Eugene, Ore.

*"Any family history with death?"*

Stephanie Nilva, New York City

## NARRATIVE MATTERS

AT THE INTERSECTION OF HEALTH, HEALTH CARE, AND POLICY

### HealthAffairs



DOI: 10.1377/HLTHAFF.2013.0517

### 'I Don't Want Jenny To Think I'm Abandoning Her': Views On

cancer, I thought it was odd here. Jenny made sure her mother paid attention to her quality of life; she was urgent; she was to meet a couple. She came into the band, looking to the frail geriatric generally see in slender, with a blonde hair, Jenny what I had expected too, was atypical. She was diagnosed experiencing a time she had a tumor, the diagnosis outside the lung therapy and radiation. New York City cancer touched and grandmother managing her time she'd seen periods which she and I world, while medical psychology daughter. With progression of disease thought of a new each one working and knowing

**“I don’t want Jenny to think  
I’m abandoning her.”**

→Response to my question asking an oncologist what he hoped to accomplish through intrathecal chemotherapy for a patient with brain metastases from lung cancer.

Meier DE. Health Affairs 2014;33:895-8





**Oncologist Offers Intrathecal Chemo (aka most important lesson of my career so far)**

- Jenny asks what I think. I tell her I'll call the oncologist.
- I ask "I don't have much experience with this procedure. What are you hoping we can accomplish with it?"
- He says "It won't help her." Long pause.
- I ask "Do you want me to encourage her to go ahead with it?"
- He says, ***"I don't want Jenny to think I am abandoning her."***

**Conclusion**

- Problem?
- Lack of Training
- Solution?
- Training

***Community-based Palliative Care; Meeting  
the Needs of the Seriously Ill***



**In Loving Memory**



**Community-based Palliative Care; Meeting  
the Needs of the Seriously Ill**



## Online Clinical Curriculum For All Frontline Clinicians

- Clinical courses for *all disciplines and all specialties*
- Recognition strategies: **Designation** in Pain Management & Communication Skills
- CE Credits for MD, PA, RN, APRN, social work, case managers
- Case-based, interactive
- Compatible on computers, tablets and smartphones
- Comprehensive reporting on course completions

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## CAPC Online Curriculum

### Safe + Effective Pain Management

Comprehensive Pain Assessment	Matching the Drug Class to the Pain	Patient Factors Influencing Prescribing	Assessing Risk of Substance Use Disorder	Opioid Trials: Design, Efficacy and Safety	Prescribing an Opioid	Prescribing Short-Acting Opioids: 4 Cases
Monitoring for Efficacy, Side Effects Substance Use Disorder	Converting from Short-Acting to Long-Acting Opioids	Opioid Conversions	Advanced Conversions and Opioid Side Effects	Special Populations and Patient-Controlled Analgesia	Managing Patients at Risk for Substance Use Disorder	Pain Management: Putting it All Together

### Communication Skills

Delivering Serious News	Discussing Prognosis	Clarifying Goals of Care	Advance Care Planning	Running a Family Meeting
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## 2016 Clinical Curriculum

Symptom Management				
Shortness of Breath	Constipation	Nausea & Vomiting	Anxiety	Depression

Whole-Person Care	
Care Coordination	Assessing & Supporting the Family Caregiver

Disease Trajectories (Coming 4 <sup>th</sup> Q '16)		
Congestive Heart Failure (CHF)	Chronic Obstructive Pulmonary Disease (COPD)	Dementia

## CAPC Curriculum: Symptom Management

capcCAMPUS MENU

The likely causes of Anne's nausea are chemotherapy, radiation, opioid therapy, and anticipatory. Which of the following emetic pathways are involved in mediating Anne's nausea and vomiting?

Select all that apply.

→

Reset Check

↓

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## CAPC Curriculum: Pain Management

capcCAMPUS ≡ MENU

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Mike's pain has been well-controlled on oxycodone. By what factor should you reduce his equianalgesic morphine dose?

0%	25%
<input type="radio"/>	<input type="radio"/>
50%	75%
<input type="radio"/>	<input type="radio"/>

Check

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**>65,000 total course  
completions in 14 months→  
80% by front line clinicians**

**"I am loving the course.** I have an awesome attending physician that has taught me a lot in the past year regarding pain management - the course is not only reinforcing or clarifying material, but I have also learned new things."

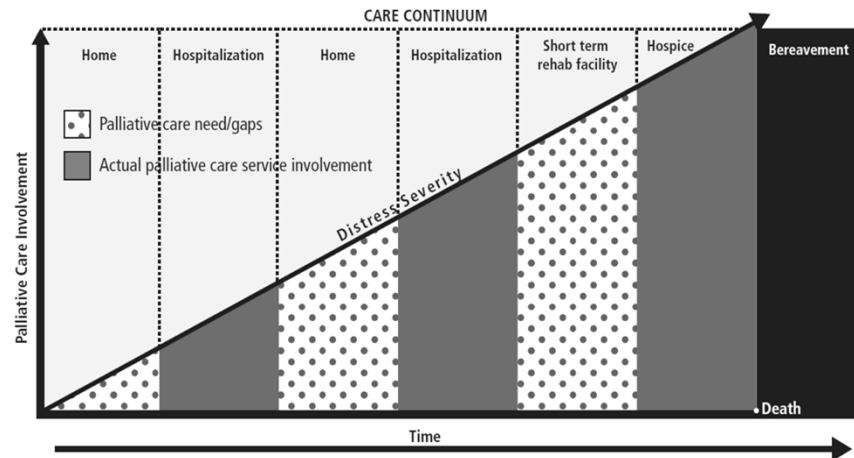
"The learning format (quizzes throughout the course content) is very **effective** for me."

"I liked the layout of the communications courses. To present the situation followed by a question and the rationales for the incorrect answers is an **excellent learning strategy**

**"Well constructed training program.** This is an excellent format and review/learning experience."

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## Care gaps in current palliative care delivery models



Kamal et al. Journal of Pain and Symptom Management. 2012. In Press

## Modern Healthcare

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### MH STRATEGIES

#### Integrating palliative care

- **Organize a motivated, interdisciplinary** group of physicians, nurses, social workers, chaplains and other staff.
- **Identify patients with the most needs**, particularly those with the highest risk scores based on insurance claims.
- **Conduct advance care planning** and give copies of the plan to the patient and family.
- **Communicate regularly** with the patient and family.
- **Extend palliative care** into the home setting.

## Palliative care boosts ACO results

By Bob Herman | May 9, 2015

In 2005, Dr. Robert Sawicki and his staff at OSF HealthCare, based in Peoria, Ill., decided they needed to do a better job of caring for terminally ill patients. This was nearly 10 years before the Institute of Medicine's Dying in America report detailed how patients needlessly suffer in their final days, months and years.

But as leaders at the Catholic-based system explored the issue, they discovered palliative care went far beyond helping patients who were close to death. "We very quickly realized you cannot do good end-of-life care if you wait until the end of life," said Sawicki, OSF's senior vice president of supportive care who practices family medicine. "You have to start it way upstream."

OSF launched a palliative-care program that year, and has since made it an integral part of its accountable care organization structure. The program started at a time when palliative care was in its relative infancy as a medical specialty and was often mistakenly equated with hospice care. As experts in the field like to say,

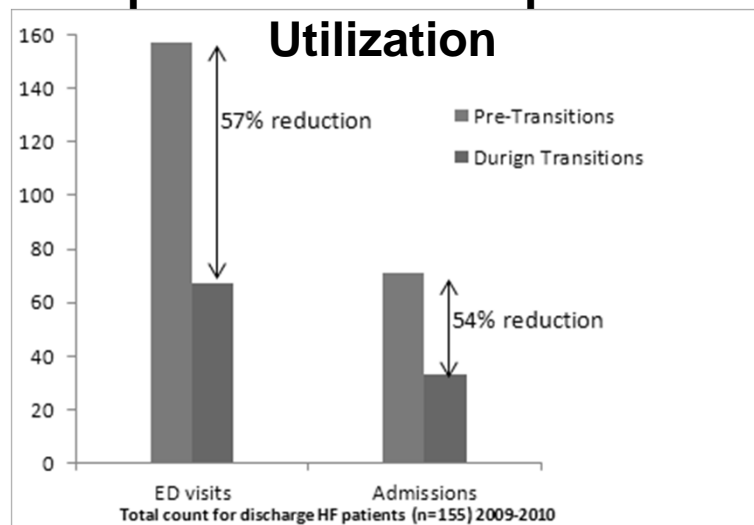
## **Case Study of ACO-Palliative Care Integration**

### **→ Sharp HealthCare in California**

Lots of others, for example:

- UnityPoint Health System in Iowa
- ProHealth, NY
- Banner Health System
- OSF System in Illinois
- Partners Health System in Massachusetts
- @HOME program in Michigan

### **Sharp Outcomes: Hospital + ED Utilization**

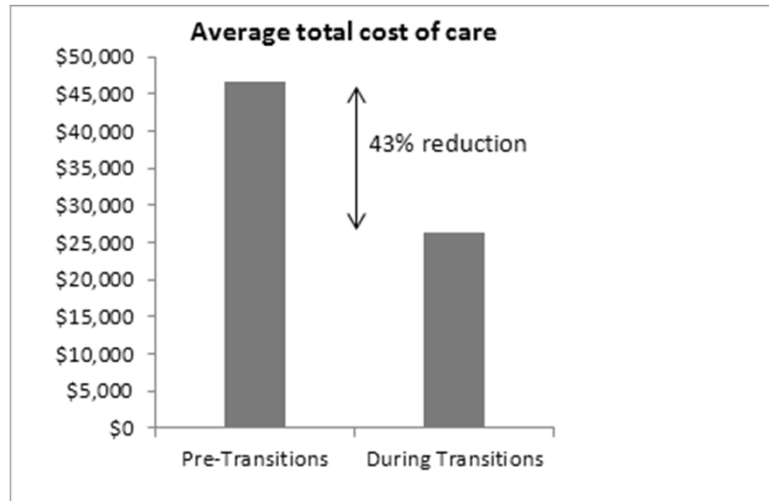


**SHARP** Hospice Care





## Sharp: Total Cost of Care



## Impact of home based palliative care in an ACO

Cassel JB et al. JAGS 2016 Sept 2, epub ahead of print.



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## Predictors of Impact

Assure inclusion of the model characteristics  
**consistently linked to success** in these studies:

1. Targeting
2. Goal setting
3. Family and social supports
4. Pain and symptom management
5. Flexible “dosing”

## Payers Are Bringing the Care Home

Highmark Introduces  
**Advanced Illness Services Program**

Beginning Jan. 1, 2011, Highmark will offer the Advanced Illness Services (AIS) program as part of its Medicare Advantage plans. The program will provide 100 percent coverage for as many as 10 outpatient care visits by AIS network hospice and/or palliative care providers to promote quality of care for members with noncurable, life-limiting illness.

Aetna End of Life Care  
Aetna Compassionate Care SM Program  
How the Program Works | Support for You | Important Documents | End of Life Care

CAMBIA  
HEALTH SOLUTIONS

Excelsus

HealthCare Partners  
Medical Group and Affiliated Physicians  
Leading collaboration and innovation in health care quality and safety

StratusHealth

Public Service Announcements on End-of-Life Care Earn Bronze Telly

CAREMORE  
It's what we do.™

QUALITY UPDATE

RURAL PALLIATIVE CARE EMERGENCY PRIORITY

KHN  
Kaiser Health News

Insurer Begins Huge Palliative Care Program

## **Innovative Payer Toolkit** **[www.capc.org/payertoolkit](http://www.capc.org/payertoolkit)**



→ Predictors of  
successful payer-  
ACO-provider  
initiatives

→ [https://www.capc.org/  
payers/palliative-care-  
payer-provider-toolkit/](https://www.capc.org/payers/palliative-care-payer-provider-toolkit/)

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## **Treating the person beyond the disease.**



**We have a lot to do, but,  
THERE IS REAL PROGRESS**

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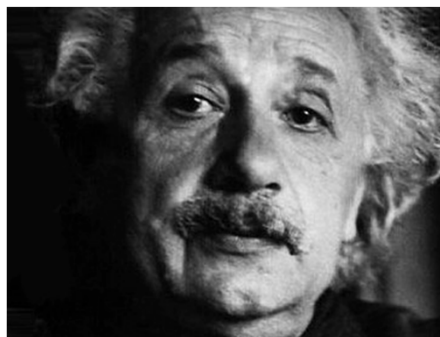
**Voices from the 1990's:  
Ovarian Cancer and Neuropathic  
Pain**

*“I had the most excruciating pain I had  
ever experienced. The pain  
medication...did not even begin to  
penetrate the pain. I thought I was  
going to die...”*

Ferrell et al. JPSM 2003;25:528-38.

*"Every day I remind myself that my inner  
and outer life are based on the labors of  
other men [and women], living and dead,  
and that I must exert myself in order to  
give in the same measure as I have  
received and am  
still receiving."*

Albert Einstein, 1935  
*The World As I See It*



**THANK YOU!!**